

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/824,227
	Filing Date	JULY 22, 2003
	First Named Inventor	RENDON, MARTA
	Art Unit	1615
	Examiner Name	CHANNAVA, JALA, L.S.
	Attorney Docket Number	013363-05881

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 30448

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 30448

OR

<input type="checkbox"/> Firm or Individual Name	Marta Rendon				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature					
Name	MARTA RENDON				
Date	1/8/07	Telephone	561 750-0544		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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